Department of Public Health & Human Services

January 25, 2008
Montana Medicaid Notice
Physicians, Mid-Level Practitioners and Pharmacies

Date of Birth on Pharmacy Claims—New Feature

In an effort to assist pharmacies in filling prescriptions for the correct clients, the Department will now require a client's date of birth to be accurately entered on all pharmacy claims. Effective January 29, 2008, prescriptions processed for Medicaid and MHSP will check for the correct date of birth on claims. The pharmacy provider will receive a denial 4424: "invalid date of birth" if incorrectly entered. The reject message will return the proper date of birth for the client. Pharmacies are advised to use this tool to *confirm* the date of birth and client information before filling prescriptions.

A revised payor sheet follows indicating the following field as "required" for both Medicaid and MHSP.

The appropriate date of birth will be included in NCPDP field 304-C4 (Date of Birth) in the following valid value format: CCYYMMDD where CC=century, YY=year, MM=month, DD=day. For example if a patient was born on July 27, 1970, this field would reflect 19700727.

Any questions regarding this notice can be directed to Wendy Blackwood at (406) 444-2738.

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958
Helena: (406) 442-1837

Visit the Provider Information website:
http://www.mtmedicaid.org

NCPDP VERSION 5 PAYER SHEET – B1/B3 Transactions

GENERAL INFORMATION

Payer Name: Montana Medicaid	Date: January 18, 2008
Plan Name/Group Name: Montana Medicaid / Montana Mental Health Services Program (MHSP)	
Processor: ACS	Help Desk: 800-365-4944
Effective: 01/29/2008	Version/Release #: 5.1
Contact/Information Source: ACS Helpdesk	

** OTHER TRANSACTIONS SUPPORTED **

Transaction Code	Transaction Name
B1	Billing
B3	ReBill

BILLING TRANSACTION:
Transaction Header Segment: Mandatory in all cases

Field #	NCPDP Field Name/length	Value	M/R/RW	Comment
1Ø1-A1	BIN Number	61ØØ84	M	
1Ø2-A2	Version/Release Number	51	M	Version Supported
1Ø3-A3	Transaction Code	B1 = Billing B2 = Reversals B3 = Rebill	M	What type of transaction is being sent
1Ø4-A4	Processor Control Number	DRMTPROD = Production DRMTACCP = Test	M	This is the same for MT Mental Health
1Ø9-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	5.1 accepts up to 4 transactions per transmission, this is where the pharmacy indicates how many are being submitted
2Ø2-B2	Service Provider ID Qualifier	Ø1 = National Provider Identifier (NPI) Ø7=NCPDP Provider ID	M	NPI accepted from 08/25/07 NCPDP is the NABP number
2Ø1-B1	Service Provider ID	National Provider Identifier (NPI) NCPDP Provider number	M	NCPDP is the NABP number
4Ø1-D1	Date of Service	CCYYMMDD	M	
11Ø-AK	Software Vendor/Certification ID	ØØØØØØØØØØ	M	If no number is supplied, populate with zeros

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Patient Segment: Mandatory

Field	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø1	M	Patient Segment
331-CX	Patient ID Qualifier	Blank = Not Specified Ø1=Social Security Number Ø2=Driver's License Number Ø3=U.S. Military ID 99=Other	NA	Not used by Montana
332-CY	Patient ID		NA	Not used by Montana
3Ø4-C4	Date of Birth	CCYYMMDD	NA	Required

3Ø5-C5	Patient Gender Code	Ø=Not specified 1=Male 2=Female	NA	Not used by Montana
31Ø –CA	Patient First Name		NA	Not used by Montana
311 – CB	Patient Last Name		NA	Not used by Montana
322-CM	Patient Street Address		NA	Not used by Montana
323-CN	Patient City Address		NA	Not used by Montana
324-CO	Patient State/Province Address		NA	Not used by Montana
325-CP	Patient Zip/POSTAL Zone		NA	Not used by Montana
326-CQ	Patient Phone Number		NA	Not used by Montana
3Ø7-C7	Patient Location	Ø=Not specified 1=Home 2=Inter-Care 3=Nursing Home 4=Long Term/Extended Care 5=Rest Home 6=Boarding Home 7=Skilled Care Facility 8=Sub-Acute care Facility 9=Acute Care Facility 10=Outpatient 11=Hospice	NA	Not used by Montana
333-CZ	Employer ID	Used with Commercial plans	NA	Not used by Montana.
334-1C	Smoker/Non-Smoker Code	Blank=Not Specified 1=Non-Smoker 2=Smoker	NA	Not used by Montana
335-2C	Pregnancy Indicator	Blank=Not Specified 1=Not pregnant 2=Pregnant	RW	Required when submitting a claim for a pregnant member

Insurance Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø4	M	Insurance Segment
3Ø2-C2	Cardholder ID	Use client's 7 or 9-digit ID number	M	
312-CC	Cardholder First Name		NA	Not used by Montana
313-CD	Cardholder Last Name		NA	Not used by Montana
314-CE	Home Plan		NS	**Not Supported**
524-FO	Plan ID		NA	Not used by Montana.
3Ø9-C9	Eligibility Clarification Code	Ø=Not specified 1=No Override 2=Override 3=Full Time Student 4=Disabled Dependent 5=Dependent Parent 6=Significant Other	NA	Not used by Montana
336-8C	Facility ID	ID assigned to the patient's clinic/host party.	NS	**Not Supported**
3Ø1-C1	Group ID	For Medicaid use 15Ø9ØØ4 For MHSP use ØØ642Ø642Ø	R	
3Ø6-C6	Patient Relationship Code	1 = Cardholder 2 = Spouse 3=Child 4=Other	NA	Not used by Montana
3Ø3-C3	Person code		RW	Always 'Ø1' when entry is required by your system Used to identify family member

Claim Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø7	M	Claim Segment
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
4Ø2-D2	Prescription/Service Reference Number		M	Number assigned by the pharmacy
436-E1	Product/Service ID Qualifier	Ø3 = National Drug Code	M	
4Ø7-D7	Product/Service ID	NDC Number	M	
456-EN	Associated Prescription/Service Reference #		RW	Used when submitting a claim for a completion fill
457-EP	Associated Prescription/Service Date		RW	Used when submitting a claim for a completion fill
458-SE	Procedure Modifier Count		NA	Not used by Montana
459-ER	Procedure Modifier Code Count		NA	Not used by Montana
442-E7	Quantity Dispensed	Metric Decimal Quantity	R	
4Ø3-D3	Fill Number	Ø= Original Dispensing 1-99 = Number of refills	R	
4Ø5-D5	Days Supply		R	There is a maximum of a 34 day supply allowed for MT providers
4Ø6-D6	Compound Code	Ø = Not specified 1= Not a compound **2 = Compound**	RW	Required when submitting a claim for a multi-line compound

408-D8	Dispense as Written (DAW)	**1=Physician request** **5=brand used as generic** **7=brand mandated by law**	RW	MT providers can use valid values 1, 5 and 7 for DAW overrides
414-DE	Date Prescription Written	CCYYMMDD	R	
415-DF	Number of Refills Authorized	Ø=Not Specified 1-99=number of refill	NA	Not used by Montana
419-DJ	Prescription Origin Code	Ø=Not specified 1=Written 2=Telephone 3=Electronic 4=Facsimile	NA	Not used by Montana
42Ø-DK	Submission Clarification Code	Ø=Not specified, default 1=No override 2=Other override 3=Vacation Supply 4=Lost Prescription 5=Therapy Change 6=Starter Dose 7=Medically Necessary **8=Process compound for Approved Ingredients** 9=Encounters 99=Other	RW	Provider may submit when submitting a claim for a multi-line compound that includes a non-covered ingredient. Montana only uses Valid Value '8'
46Ø-ET	Quantity Prescribed		NS	Not Used, use 442-E7
3Ø8-C8	Other Coverage Code	Ø=Not Specified 1=No other Coverage Identified 2=Other coverage exists-payment collected 3=Other coverage exists-this claim not covered 4=Other coverage exists-payment not collected 5=Managed care plan denial 6=Other coverage exists, not a participating provider 7=Other Coverage exists-not in effect at time of service 8=Claim is a billing for a copay	R	
429-DT	Unit Dose Indicator	Ø=Not specified 1=Not Unit Dose 2=Manufacturer Unit Dose **3=Pharmacy Unit Dose**	RW	Ø3 required when in house unit dose
453-EJ	Orig Prescribed Product/Service ID Qual	Ø1=Universal Product Code (UPC) Ø3=National Drug Code (NDC)	NA	Not used by Montana
445-EA	Originally Prescribed Product/Service Code		NA	Not used by Montana
446-EB	Originally Prescribed Quantity		NA	Not used by Montana
330-CW	Alternate ID		NS	Not supported
454-EK	Scheduled prescription ID Number		NS	Not Supported
418-DI	Level of Service		NA	Not used by Montana

461-EU	Prior Authorization Type Code	Ø=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT (Early Periodic Screening Diagnosis Treatment) **4=Exemption from Copay** 5=Exemption from RX 6=Family Plan. Indic. 7=AFDC (Aid to Families with Dependent Children) **8=Payer Defined Exemption**	RW	Code clarifying the 'Prior Authorization Number' (462-EV). Replaced PA/MC Field **4** is used for co-pay exemptions **8** can be use for up to a 3 day emergency supply
462-EV	Prior Authorization Number Submitted		NA	Replaced PA/MC Field
463-EW	Intermediary Authorization Type ID		NA	Not used by Montana
464-EX	Intermediary Authorization ID		NA	No used by Montana
343-HD	Dispensing Status	P = Partial Fill C = Completion Fill	RW	Required when submitting a claim for a partial fill
344-HF	Quantity Intended to be Dispensed		RW	Required when submitting a claim for a partial fill
345-HG	Days Supply Intended to be Dispensed		RW	Required when submitting a claim for a partial fill
6ØØ-28	Unit of Measure		NS	Not Supported

Pharmacy Provider Segment: Not used by Montana Medicaid or Mental Health Services Program

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø2	M	Pharmacy Provider Segment
465-EY	Provider ID Qualifier	Blank=Not specified Ø1=Drug Enforcement Administration (DEA) Ø2=State License Ø3=Social Security Number (SSN) Ø4=Name Ø5=National Provider Identifier (NPI) Ø6=Health Industry Number (HIN) Ø7=State Issued 99=Other	NA	Not used by Montana
444-E9	Provider ID		NA	Not used by Montana

Prescriber Segment: Required for Montana Pharmacy Providers

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø3	M	Prescriber Segment
466-EZ	Prescriber ID Qualifier	Ø1=National Provider Identifier (NPI) 12=Drug Enforcement Administration (DEA)	R	NPI accepted from 08/25/07
411-DB	Prescriber ID	National Provider Identifier (NPI) DEA Number	R	Use DEA number, if not known, call the POS help desk.
467-1E	Prescriber Location Code		NS	Not Supported
427-DR	Prescriber Last Name		NA	Not used by Montana

498-PM	Prescriber Phone Number		NA	Not used by Montana
468-2E	Primary Care Provider ID Qualifier	Blank=Not Specified Ø1=National Provider ID (NPI) Ø2=Blue Cross Ø3=Blue Shield Ø4=Medicare **Ø5=Medicaid** Ø6=UPIN Ø7=NCPDP Provider ID Ø8=State License Ø9=Champus 1Ø=Health Industry Number (HIN) 11=Federal Tax ID 12=Drug Enforcement Administration (DEA) 13=State Issued 14=Plan Specific 99=Other	NA	Use 'Ø5' for Medicaid and MT Mental Health.
421-DL	Primary Care Provider ID		NA	Not used by Montana
469-H5	Primary care Provider Location Code		NS	Not Supported
47Ø-4E	Primary Care Provider Last Name		NS	Not Supported

COB/Other Payments Segment:

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø5	M	COB/Other Payments Segment
337-4C	Coordination of Benefits/Other Payments Count	Count of other payment occurrences.	M	1,2,etc
338-5C	Other Payer Coverage Type	Blank=Not Specified Ø1=Primary Ø2=Secondary Ø3=Tertiary 98=Coupon 99=Composite	M (Repeating)	Code identifying the type of 'Other Payer ID' (34Ø-7C).
339-6C	Other Payer Id Qualifier	Blank=Not Specified Ø1=National Payer ID Ø2=Health Industry Number Ø3=Bank Information Number (BIN) Ø4=National Association of Insurance Commissioners (NAIC) Ø9=Coupon 99-Other	NA	Not used by Montana Medicaid
340-7C	Other Payer ID		NA	Not used by Montana Medicaid
443-E8	Other Payer Date	CCYYMMDD	RW	
341-HB	Other Payer Amount Paid Count		RW	
342-HC	Other Payer Amount Paid Qualifier	Blank=Not specified Ø1=Delivery Ø2=Shipping Ø3=Postage Ø4=Administrative Ø5=Incentive Ø6=Cognitive Service Ø7=Drug Benefit Ø8=Sum of all Reimbursement 98=Coupon 99=Other	RW (Repeating)	
431-DV	Other Payer Amount Paid		RW	

471-5E	Other Payer Reject Count		NA	Not used by Montana Medicaid
472-6E	Other Payer Reject Code		NA	Not used by Montana Medicaid

Workers' Compensation Segment: Not used by Montana Medicaid or Mental Health Services Program

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø6	NA	Workers' Compensation Segment
434-DY	Date of Injury		NA	Not used by Montana
315-CF	Employer Name		NA	Not used by Montana
316-CG	Employer Street Address		NA	Not used by Montana
317-CH	Employer City Address		NA	Not used by Montana
318-CI	Employer State/Province ID		NA	Not used by Montana
319-CJ	Employer Zip/Postal Zone		NA	Not used by Montana
320-CK	Employer Phone Number		NA	Not used by Montana
321-CL	Employer Contact Name		NA	Not used by Montana
327-CR	Carrier ID		NA	Not used by Montana
435-DZ	Claim/Reference ID		NA	Not used by Montana

DUR/PPS Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø8	M	DUR/PPS Segment
473-7E	DUR/PPS Code counter		M	Required when submitting this segment
439-E4	Reason for Service Code	See Attached list of valid values	RW	Required when a service need to be explained
44Ø-E5	Professional Service Code	See Attached list of valid values	RW	Required when there has been a professional service
441-E6	Result of Service Code	See attached list of valid values	RW	Required when there has been an outcome because of services rendered
478-8E	DUR/PPS Level of Effort	Ø=Not Specified 11=Level 1 (Lowest) 12=Level 2 13=Level 3 14=Level 4 15=Level 5 (Highest)	NA	Used by Montana Medicaid to indicate level of effort for compound claims. Valid values are 11,12 and 13
475-J9	DUR Co-Agent ID Qualifier		NA	Not used by Montana
476-H6	DUR Co-Agent ID		NA	Not used by Montana

Pricing Segment: Mandatory

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	11	M	Pricing Segment
4Ø9-D9	Ingredient Cost Submitted		R	Required by ACS
412-DC	Dispensing Fee Submitted		NA	Not used by Montana
477-BE	Professional Service Fee Submitted		NA	Not used by Montana

433-DX	Patient Paid Amount Submitted		NA	Not used by Montana
481-HA	Flat Sales Tax Amount Submitted		NA	Not used by Montana
482-GE	Percentage Sales Tax Amount Submitted		NA	Not used by Montana
484-JE	Percentage Sales Tax Basis Submitted	Blank=Not specified Ø1=Gross Amount Due Ø2=Ingredient Cost Ø3=Ingredient Cost + Dispensing Fee	NA	Not used by Montana
426-DQ	Usual and Customary Charge		R	
430–DU	Gross Amount Due		R	
423-DN	Basis of Cost Determination	Blank=Not specified ØØ=Not specified Ø1=AWP (Average Wholesale Price) Ø2=Local Wholesaler Ø3=Direct Ø4=EAC (Estimated Acquisition Cost) Ø5=Acquisition Ø6=MAC (Maximum Allowable Cost) Ø7=Usual & customary Ø9=Other	NA	Not used by Montana

Coupon Segment: Segment is not supported – Not used by Montana Medicaid or Mental Health Services Program

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	Ø9	NS	Coupon Segment
485-KE	Coupon Type		NS	
486-ME	Coupon Number		NS	
487-NE	Coupon Value Amount		NS	

Compound Segment: Optional

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	1Ø	M	Compound Segment
45Ø-EF	Compound Dosage Form Description Code	Ø1=Capsule Ø2=Ointment Ø3=Cream Ø4=Suppository Ø5=Powder Ø6=Emulsion Ø7=Liquid 1Ø=Tablet 11=Solution 12=Suspension 13=Lotion 14=Shampoo 15=Elixir 16=Syrup 17=Lozenge 18=Enema	M	Dosage form of the complete compound mixture.
451-EG	Compound Dispensing Unit Form Indicator	1=Each 2=Grams 3=Milliliters	M	NCPDP standard product billing codes

452-EH	Compound Route of Administration	1=Buccal 2=Dental 3=Inhalation 4=Injection 5=Intraperitoneal 6=Irrigation 7=Mouth/Throat 8=Mucous Membrane 9=Nasal 1Ø=Ophthalmic 11=Oral 12=Other/Miscellaneous 13=Otic 14=Perfusion 15=Rectal 16=Sublingual 17=Topical 18=Transdermal 19=Translingual 2Ø=Urethral 21=Vaginal 22=Enteral	M	Code for the route of administration of the complete compound mixture.
447-EC	Compound Ingredient Component (Count)		M (Repeating)	Count of compound product IDs (both active and inactive) in the compound mixture submitted.
488-RE	Compound Product ID Qualifier	Ø3=National Drug Code (NDC)	M (Repeating)	
489-TE	Compound Product ID		M (Repeating)	
448-ED	Compound Ingredient Quantity		M (Repeating)	
449-EE	Compound Ingredient Drug Cost		NA	
49Ø -UE	Compound ingredient basis of Cost Determination	Blank=Not specified Ø1=AWP Ø2=Local Wholesaler Ø3=Direct Ø4=EAC Ø5=Acquisition Ø6=MAC Ø7=Usual & customary Ø9 =Other	NA	

Prior Authorization Segment: Not used by Montana Medicaid or Mental Health Services Program

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	12	NA	Prior Authorization Segment
498-PA	Request Type	1=Initial 2=Reauthorization 3=Deferred	NA	Not used by Montana
498-PB	Request Period Date –Begin		NA	Not used by Montana
498-PC	Request Period Date- End		NA	Not used by Montana
498-PD	Basis of Request	ME=Medical Exception PR=Plan Requirement PL=Increase Plan Limitation	NA	Not used by Montana
498-PE	Authorized Representative First Name		NA	Not used by Montana
498-PF	Authorized Representative Last Name		NA	Not used by Montana
498-PG	Authorized Representative Street Address		NA	Not used by Montana
498-PH	Authorized Representative City Address		NA	Not used by Montana

498-PJ	Authorized Representative State/Province Address		NA	Not used by Montana
498-PK	Authorized Representative Zip/Postal Code		NA	Not used by Montana
498-PY	Prior Authorization Number Assigned		NA	Not used by Montana
503-F3	Authorization Number		NA	Not used by Montana
498-PP	Prior Authorization Supporting Documentation	Free Text field	NA	Not used by Montana

Clinical Segment: Not Used by Montana Medicaid or Mental Health Services Program

Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	13	NA	Clinical Segment
491-VE	Diagnosis Code Count		NA	Not used by Montana
492-WE	Diagnosis Code		NA	Not used by Montana
424-DO	Diagnosis Code		NA	Not used by Montana
493-XE	Clinical Information Counter		NA	Not used by Montana
494-ZE	Measurement Date		NA	Not used by Montana
495-H1	Measurement Time		NA	Not used by Montana
496-H2	Measurement Dimension		NA	Not used by Montana
497-H3	Measurement Unit		NA	Not used by Montana
499-H4	Measurement Value		NA	Not used by Montana

Additional Claim Information

DUR Codes

Reason for Service Codes (DUR Conflict Codes)

AD=Additional Drug Needed
AN=Prescription Authentication
AR=Adverse Drug Reaction
AT=Additive Toxicity
CD=Chronic Disease Management
CH=Call Help Desk
CS=Patient Complaint/Symptom
DA=Drug-Allergy
DC=Drug-Disease (Inferred)
DD=Drug-Drug Interaction
DF=Drug-Food interaction
DI=Drug Incompatibility
DL=Drug-Lab Conflict
DM=Apparent Drug Misuse
DS=Tobacco Use
ED=Patient Education/Instruction
ER=Overuse
EX=Excessive Quantity
HD=High Dose
IC=Iatrogenic Condition
ID=Ingredient Duplication
LD=Low Dose
LK=Lock In Recipient
LR=Underuse
MC=Drug-Disease (Reported)
MN=Insufficeint Duration
MS=Missing Information/Clarification
MX=Excessive Duration
NA=Drug Not Available
NC=Non-covered Drug Purchase

ND=New Disease/Diagnosis
NF=Non-Formulary Drug
NN=Unnecessary Drug
NP=New Patient Processing
NR=Lactation/Nursing Interaction
NS=Insufficient Quantity
OH=Alcohol Conflict
PA=Drug-Age
PC=Patient Question/Concern
PG=Drug-Pregnancy
PH=Preventive Health Care
PN=Prescriber Consultation
PP=Plan Protocol
PR=Prior Adverse Reaction
PS=Product Selection Opportunity
RE=Suspected Environmental Risk
RF=Health Provider Referral
SC=Suboptimal Compliance
SD=Suboptimal Drug/Indication
SE=Side Effect
SF=Suboptimal Dosage Form SR=Suboptimal Regimen
SX=Drug-Gender
TD=Therapeutic Duplication
TN=Laboratory Test Needed
TP=Payer/Processor Question

Professional Service Codes (Intervention Codes)

M0 = MD Interface   R0 = Pharmacist Reviewed
P0 = Patient Interaction

Result of Service Codes (DUR Outcome Codes)

ØØ=Not Specified
1A=Filled As Is, False Positive
1B=Filled Prescription As Is
1C=Filled, With Different Dose
1D=Filled, With Different Directions
1E=Filled, With Different Drug
1F=Filled, With Different Quantity
1G=Filled, With Prescriber Approval
1H=Brand-to-Generic Change
1J=Rx-to-OTC Change
1K=Filled with Different Dosage Form
2A=Prescription Not Filled
2B=Not Filled, Directions Clarified
3A=Recommendation Accepted
3B=Recommendation Not Accepted
3C=Discontinued Drug
3D=Regimen Changed
3E=Therapy Changed
3F=Therapy Changed-cost increased acknowledged
3G=Drug Therapy Unchanged
3H=Follow-Up/Report
3J=Patient Referral
3K=Instructions Understood
3M=Compliance Aid Provided
3N=Medication Administered